AID# Neilliel#	AID#	Kennel #	
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Pet Adoption Survey



Thanks for your interest in adopting a pet from Metro Animal Services' Animal House Adoption Center! Please take a moment to tell us about yourself so we can help you make the best match when choosing a pet!

Why do you want to adopt a pet?								
Why is today the right time to add a new pet to your life?								
Name:	Home Phone:							
Address:	Alternate Phone:							
City: State:	Zip:							
Driver's License #: Issuing State: _	Date of Birth:							
Email:								
<u>The Details</u>								
Describe your household (size, # of people, # of pets, yard, etc.):								
Are there children under 10 years of age that live in the home/ visit frequently	y (grandchildren, nieces/nephews, etc)?							
Anyone in the household have allergies? Does everyone in								
Do you: ☐ own your home ☐ rent your home ☐ live with family ☐ o								
If you rent Have you notified your landlord/management office that you are inter-	ested in adopting a pet?							
Name of landlord/management company:	Phone:							
If you live with family Name of family member who owns the home:	Phone:							
Have you discussed with this person your desire to add a pet to the ho	me?							
*** If you do not own your home, we will verify with the owner pet on the property and that they approve of the type and bree	ed of pet you are interested in adopting. ***							
Have you adopted from us before? If yes, what type of pet and when								
Have you surrendered an animal to us or any other shelter or rescue group? _	If so, what type of pet and why?							

The Furs, Feathers, and Fins

How long have you

owned this pet?

If past pet, why is it no longer owned?

Where is/was this

pet kept?

Tell us about all the pets you currently own or any you have previously owned within the past five years:

Age

Current or

Past Pet?

Type/Breed

Spayed/ Neutered?

Where will your new pet stay At night?								
When you are away from home (work, school, etc.)?								
When you are out of town (vacation, etc.) or during an emergency?								
Will your pet have access to the outdoors? If so, what amenities will it have outdoors?								
Are you aware of local laws regarding restraint of pets while outdoors? Proper pick up and disposal of pet waste?								
When outdoors with your pet, how will you ensure you are in compliance?								
Name of current/ intended veterinarian: Location:								
Adopting a new pet is a long-term commitment for the life the animal! Have you spent enough time with the pet you are interested in adopting to be comfortable with your decision to adopt?								
The average annual cost of a pet varies based on type and size. Costs may be higher during the first year and any time emergency veterinary care is needed. How much are you prepared to contribute annually toward the care of your new pet?								
If you move, is there any reason your new pet wouldn't come with you?								
Are you familiar with the breed of pet you are interested in adopting, and are you prepared to meet its specific needs?								
The Dotted Line								
By signing this application, you acknowledge that all information provided by you is true, and that any false or misleading information may be grounds for rejection of your adoption application and possible refusal for future adoptions.								
Signature: Date:								
Thanks! Now that you've finished the adoption survey, please see an Adoption Coordinator to complete the next part of the adoption process. You're one step closer to adopting your new pet!								
Approved DeniedPending By: Date: Comments								